

1.) CORPORATION NAME:

LDS Family Services

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

SCC ID NO: **F1575739**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 132 SOUTH STATE ST
STE 300

CITY/ST/ZIP: SALT LAKE CITY, UT 84111-1506

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

☒ OFFICER

☐ DIRECTOR

NAME: LARRY A CRENSHAW
TITLE: PRESIDENT
ADDRESS: 132 SOUTH STATE ST
STE 300
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84111-1506

☒ OFFICER

☐ DIRECTOR

NAME: S BRENT SCHARMAN
TITLE: VICE PRESIDENT
ADDRESS: 132 SOUTH STATE ST STE 300
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84111-1506

☒ OFFICER

☐ DIRECTOR

NAME: DAVID M MCCONKIE
TITLE: SECRETARY
ADDRESS: 60 E SOUTH TEMPLE STE 1800
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84111-

☒ OFFICER

☐ DIRECTOR

NAME: WESTLYN D JOHNSON
TITLE: TREASURER
ADDRESS: 50 EAST NORTH TEMPLE 7TH FL
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84150-

☐ OFFICER

☒ DIRECTOR

NAME: JULIE B BECK
TITLE: DIRECTOR
ADDRESS: 76 NORTH MAIN ST
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84150-6050

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH N CHRISTENSEN DIRECTOR 50 EAST NORTH TEMPLE 1 WW SALT LAKE CITY, UT 84150-0003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL K JUDD DIRECTOR BRIGHAM YOUNG UNIVERSITY 375 JSB PROVO, UT 84602-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A TERRY OAKES DIRECTOR 50 EAST NORTH TEMPLE 7TH FL SALT LAKE CITY, UT 84150-0003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLEN J PROCTOR DIRECTOR 1855 FRONTIER RD SALT LAKE CITY, UT 84121-1321	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON D SMITH DIRECTOR 4785 SOUTH SPICEWOOD WAY TAYLORSVILLE, UT 84118-2148	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA A SMITH DIRECTOR 4785 SOUTH SPICEWOOD WAY TAYLORSVILLE, UT 84118-2148	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA THOMPSON DIRECTOR 76 NORTH MAIN ST SALT LAKE CITY, UT 84150-6050	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY L WHITING DIRECTOR 1797 RIDGEWOOD WAY BOUNTIFUL, UT 84010-1661	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID M MCCONKIE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DAVID M MCCONKIE, SECRETARY PRINTED NAME AND CORPORATE TITLE	
		1/25/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			